

wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Federally
Qualified Health
Centers
Physician
Assistants
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Change in type and place of service for radiation therapy procedure codes

Wisconsin Medicaid is changing the type of service (TOS) and allowing an additional place of service (POS) for a number of radiation therapy codes to be consistent with descriptions in the 2000 edition of Current Procedural Terminology.

As of October 1, 2000, radiation therapy procedure codes 77261-77334 and 77427-77431 must be billed with type of service (TOS) S. Types of service 6 and U will no longer be valid for procedure codes 77261-77334 and 77427-77431 after September 30, 2000.

In addition, as of October 1, 2000, providers can bill place of service (POS) 2 for these codes.

The addition of TOS S is being applied retroactively to January 1, 2000. Any claims paid as TOS 6 or TOS U for these procedure codes before October 1, 2000, do not need to be resubmitted. Types of service 6 and U will remain in effect until September 30, 2000.

Any claims with dates of service between January 1, 2000, and September 30, 2000, submitted prior to this *Update* with TOS S that were denied can be resubmitted as either TOS 6 or TOS S. Providers will be reimbursed for TOS 6 or TOS S, but not both.

For dates of service on and after October 1, 2000, only TOS S will be reimbursed for these codes.

Reminder: Providers have 365 days from the date of service to bill Wisconsin Medicaid for services.

Corrections have been made to Appendix 4 of the Laboratory and Radiology section of the Physician Services Handbook, titled "Physician Radiology Services – Wisconsin Medicaid- Allowable Procedure Codes, TOS Codes, and POS Codes." The attached Appendix 4, dated September 2000, completely replaces Appendix 4 dated January 2000.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

If you have any questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Appendix 4

Physician Radiology Services Wisconsin Medicaid-Allowable Procedure Codes, TOS Codes, and POS Codes

Some procedure codes displayed within ranges below may not be covered by Wisconsin Medicaid. Consult the Physician Services Maximum Allowable Fee Schedule or telephone Provider Services regarding coverage of specific procedure and type of service code combinations. The chart below is periodically revised. Refer to the other sections of the Physician Services Handbook for anesthesia, evaluation and management, medicine, and surgery procedure codes.

Service	Procedure Code	TOS
CPT Codes	70010-76125	4, Q, U
	76140	3
	76150-76999	4, Q, U
	77261-77334	S
	77336, 77370	3
	77380-77399	6, S, U
	77401-77417	6
	77427-77431	S
	77432	6
	77470-77799	6, S, U
	78000-78891	K, T, U
	78990	U
	78999-79999	K, T, U
HCPCS Codes	A4641-A4647, A9500-A9505	9

POS Codes

POS	Description
0	Other
1	Inpatient Hospital
2	Outpatient Hospital
3	Office
7	Nursing Home
8	Skilled Nursing Facility

TOS Codes

TOS	Description
3	Consultation
4	Diagnostic radiology, total or complete procedure, including professional and technical components
Q	Diagnostic radiology - professional component (interpretation) only
U	Diagnostic radiology - technical component only
6	Therapeutic radiology (radiation therapy) - total or complete procedure, including professional and technical components
S	Therapeutic radiology (radiation therapy) - professional component only
K	Nuclear medicine - total or complete, including professional and technical components
T	Nuclear medicine - professional component (interpretation) only
U	Nuclear medicine - technical component only

TOS: Type of Service
POS: Place of Service